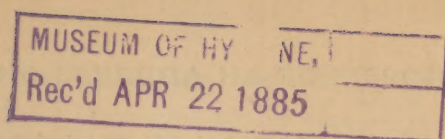


J-H
Box 1315



4823

1118 Arch St., Philadelphia, April 1st, 1885.

DEAR DOCTOR:

Having been appointed by the President of the American Surgical Association to prepare, for the annual meeting of April 21st-24th, an address on "The Field and Limitation of the Operative Surgery of the Human Brain," I desire to obtain at the meeting the deliberate opinion of the Fellows on the topics presented, and to have my conclusions fully discussed and criticised by some of the experienced surgeons who will be present. I therefore send you a brief synopsis of my paper, in the hope that if you attend the meeting you will take part in the discussion, and have your remarks and clinical histories in such definite shape that the Recorder will have no difficulty in preserving them for the next volume of transactions.

Yours Truly,

JOHN B. ROBERTS.

SYNOPSIS OF AN ADDRESS ON

THE FIELD ^{AND} LIMITATION OF THE OPERATIVE
SURGERY OF THE HUMAN BRAIN.

BY JOHN B. ROBERTS, M.D.,

Professor of Anatomy and Surgery in the Philadelphia Polyclinic.

Read by appointment at the Annual Meeting of the American Surgical Association, held at Washington, D. C., April 21st-24th, 1885.

Sum

The following views will be advanced:

I. The complexus of symptoms called "compression of the brain," is not due so much to displacing pressure exerted on the brain substance as it is to some form or degree of intracranial inflammation.

II. The conversion of a closed (simple) fracture of the cranium into an open (compound) fracture by incision of the scalp is, with the improved methods of treating wounds, attended with very little increased risk to life.

III. The removal of portions of the cranium by the trephine or other cutting instruments is, if properly done, attended with but little more risk to life than amputation of a finger through the metacarpal bone.

IV. In the majority of cranial fractures the inner table is more extensively shattered and splintered than the outer table.

V. Perforation of the cranium is to be adopted as an exploratory measure almost as often as it is demanded for therapeutic reasons.

VI. Drainage is more essential in wounds of the brain than in wounds of other structures.

VII. Many regions of the cerebral hemispheres of man may be incised and excised with comparative impunity.

VIII. Accidental or operative injuries to the cerebral membranes, meningeal arteries, or venous sinuses should be treated as are similar lesions of similar structures in other localities.

IX. The results of the study of cerebral localization are more necessary to the conscientious surgeon than to the neurologist.

These principles of the operative surgery of the brain will then be applied to the treatment of

A. Cranial Fractures.

CLOSED (SIMPLE) FISSURED FRACTURES.

1. No evident depression, no brain symptoms. No operation.
2. No evident depression, with brain symptoms. Incise scalp and trephine.
3. With evident depression, no brain symptoms. Incise scalp and possibly trephine.*
4. With evident depression, with brain symptoms. Incise scalp and trephine.

CLOSED (SIMPLE) COMMUNUTED FRACTURES.

5. No evident depression, no brain symptoms. Incise scalp and probably trephine.†
6. No evident depression, with brain symptoms. Incise scalp and trephine.
7. With evident depression, no brain symptoms. Incise scalp and trephine.
8. With evident depression, with brain symptoms. Incise scalp and trephine.

OPEN (COMPOUND) FISSURED FRACTURES.

9. No evident depression, no brain symptoms. No operation, but treat wound.
10. No evident depression, with brain symptoms. Trephine. ✓ Case
11. With evident depression, no brain symptoms. Possibly trephine.*
12. With evident depression, with brain symptoms. Trephine. ✓

Case.
Compression.

OPEN (COMPOUND) COMMINUTED FRACTURES.

13. No evident depression, no brain symptoms. Probably trephine.†
14. No evident depression, with brain symptoms. Trephine.
15. With evident depression, no brain symptoms. Trephine.
16. With evident depression, with brain symptoms. Trephine.

PUNCTURED AND GUNSHOT WOUNDS.

17. In all cases and under all circumstances. Trephine.

B. Intracranial Hemorrhage.

Trephine for the removal of clot and arrest of bleeding when the probable seat of hemorrhage is ascertainable, and the clot is believed to be a localized one.

C. Intracranial Suppuration.

Trephine and make if necessary exploratory punctures in all cases of abscess.

D. Epilepsy following Cranial Injury.

Remove portion of cranium in selected cases.

E. Insanity following Cranial Injury.

Remove portion of cranium in selected cases.

F. Cerebral Tumor.

If can localize it, and if it is probably superficial, remove bone; and excise growth if it is found.

* In classes 3 and 11 I should be inclined to trephine if the depression was marked, or the fissures sufficiently multiple to approach the character of a comminuted fracture.

† In classes 5 and 13 I should trephine, unless the comminution was found to be inconsiderable.